

22 VAC 40-181 STANDARDS FOR VOLUNTARY REGISTRATION OF FAMILY DAY HOMES (Proposed)

The Virginia Department of Social Services (Department) offers the following response to the Economic Impact Analysis.

The Department of Planning and Budget (DPB) references the potential hardship to parents created by the requirement of medication administration training for providers to administer prescription medication (page 3). Section 54.1-3408 O of the Code of Virginia mandates that child care providers (family day homes and centers) complete the training prior to administering prescription medication to enrolled children. The Board has no discretion in this requirement and any associated costs.

DPB recommended weighing the cost of CPR and First Aid training against the benefit to children that might need first aid or CPR while in the care of the provider (page 3). The proposed requirement is:

- Consistent with Standards for Licensed Family Day Home, 22 VAC 40-111 and other forms of regulated day care;
- Needed because a person who is qualified to respond to common and life-threatening emergencies should be present in the home while children are in care;
- Recommended by The American Academy of Pediatrics;
- Recommended by the Regulatory Advisory Panel (RAP);
- Approved by providers participating in the RAP;
- Needed because many providers live in rural areas where emergency medical care is not as easily accessible as in urban or metropolitan areas; and
- While required of providers, it is not a cost that would be associated with all assistants, only those who are left alone caring for children.

DPB states that by not requiring training to enter the childcare field that it is hard to argue that requiring on-going training and education would be needed to remain competent and that the minimal costs of training likely outweigh the benefits (page 4). The Department recognizes that this is a voluntary program and also notes that this is often viewed as a “first step” to becoming licensed. Therefore, the proposed regulation only requires eight hours of training per two-year registration period, four hours of training per year. The training is recommended because:

- Approximately one-half of the providers already participate in training to meet requirements to receive subsidy;
- Better trained providers are better able to prevent, recognize and correct health and safety problems;
- Research shows that the caretakers’ education, training, and ability to provide a safe and stimulating environment has an impact on children’s cognitive and emotional development;

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- The National Association of Child Care Resource & Referral Agencies (NACCRRA) surveyed parents and found that nearly 2/3 of parents polled assumed that caregivers have some training to work with children; more than 95% of parents favor requiring training in child development and safety; and nearly 2 in 3 believe that caregivers are trained in first aid and CPR and in reporting and recognizing the signs of child abuse; and

DPB refers to costs associated with a loss of flexibility for providers since the proposed regulation requires assistant caregivers to be at least 16 years of age (page 4). The proposed change is recommended as:

- The 16 year old age requirement is consistent with Standards for Licensed Family Day Homes, 22 VAC 40-111;
- The RAP was in agreement with the change;
- Some 14 year olds may be mature enough to babysit children, overall, 14 year old children are not mature enough to handle a group of children (up to five) especially when four of those children can be under the age of two;
- Caring for Our Children (National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs) recommends that aides and volunteers be at least 16 years of age, participate in training, and that they not be counted in child:staff ratios even when working under continual supervision of qualified staff. The proposed change is a compromise in requiring an older age for an assistant but allowing them to be counted in the child:staff ratio as a caregiver working under the direct supervision of a provider or substitute provider.

DPB proposed rather than banning children who are not potty trained from using wading pools to allow those children to use swim diapers (page 5). The proposed regulation requiring children to be potty trained prior to using a wading pool is:

- Consistent with Standards for Licensed Family Day Homes, 22 VAC 40-111;
- Consistent with recommendations by the Virginia Department of Health (VDH) and The American Academy of Pediatrics;
- Recommended as swim diapers are not truly “leak-proof” therefore cannot prevent the transmission of E-coli and other contaminants;
- Recommended as wading pools are not treated with the same chemicals as large public and private pools; and
- Approved by the RAP.

The proposed regulation does propose to disallow the use of time-out as a means of behavior guidance for infants and toddlers. DPB refers to the implicit

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costs for both caregivers and parents to not allow time-out to be used with children under two years of age (page 5). However, the proposed change is:

- Consistent with other regulations, including Standards for Licensed Family Day Homes, 22 VAC 40-111;
- Recommended in Caring for Our Children which states time-out should not be used on children under two years of age because they are too young to cognitively understand the concept of time-out;
- Recommended by The American Academy of Pediatrics; and
- Approved by the RAP.

The proposed regulation does ban the use of pillows and filled comforters for children less than two years of age. DPB cites the implicit cost of this ban for parents and providers (page 6). The proposed regulation is:

- Consistent with Standards for Licensed Family Day Homes, 22 VAC 40-111 and Standards for Licensed Child Day Centers 22 VAC 15-30. The center standards have banned pillows and filled comforters for children this age since before 1988;
- Consistent with from the American Academy of Pediatrics that states pillows should not be given to children until they move from a crib to a bed at age 2-3 due to suffocation risks. Children over the age of one are still at risk for suffocation even if the risk is not as great as for an infant; and
- Approved by the RAP.

The proposed requirement for a full-size or non-full size crib for overnight care and children who are expected to sleep more than four continuous hours (page 6), is a compromise between these proposed standards and Standards for Licensed Family Day Homes, 22 VAC 40-111 and Standards for Licensed Child Day Centers 22 VAC 15-30 (which prohibit mesh-sided or portable cribs):

- The mattress in a mesh-sided or portable crib is only about one inch thick while “regular” crib mattresses are much thicker and offers more support for the development of the child’s spine;
- In addition, manufacturers of mesh-sided cribs do not recommend these cribs to replace standard full size cribs; and
- RAP also considered disallowing mesh-sided cribs and found the time limitation an acceptable compromise.

In response to DPB’s analysis of the likely costs to providers who are currently using individual towels for hand-washing to using paper towels to meet the proposed requirements; there was no mention that this cost could be off-set by the current costs to provide “individually assigned” towels to multiple children as well as the cost for regular laundering of these linens as required by the current regulations (page 6). This proposed regulation was:

- Recommended by VDH and

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- Consistent with requirements in Standards for Licensed Family Day Homes, 22 VAC 40-111 and Standards for Licensed Child Day Centers 22 VAC 15-30.

Lastly, DPB's analysis refers to implicit costs incurred by providers since the proposed regulation will not allow them to smoke outside of the home in an area occupied by children in care (page 7). The proposed regulation does not prohibit the provider from smoking outside, only that they not smoke in the immediate area occupied by children. This proposed requirement was a result of:

- The American Academy of Pediatrics recommendations;
- Similar requirements in other standards such as Standards for Licensed Family Day Homes, 22 VAC 40-111 and Standards for Children's Residential Facilities, 22 VAC 40-151; and
- RAP group recommendation.

The Department understands that some providers may choose not to continue to participate in the program or may pass along costs to parents as a result of these proposed changes. However, based on the number of voluntarily registered providers remaining with the programs when other significant changes were introduced (e.g., background check requirements strengthened, prescription medication administration requirements added), the Department believes these numbers will be small.

Families receiving subsidy assistance for child care are the least likely to be impacted since the providers used by these families are already meeting a number of the proposed requirements in order to receive subsidy payments (on-going training, mandated medication training for prescription medication, CPR and First Aid certification). Based on responses received during the public comment period, the Department will recommend changes to the proposed regulation as necessary.